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IRAQ

**PRIMARY HEALTH
CARE PROJECT**

TECHNICAL BRIEF

IMPROVED NEONATAL CARE FOR MDG 4



Photo: USAID / PHCPI

Refresher workshop on Neonatal Care in Erbil

Background

The first month of life, called the neonatal period, is the most risky time in the life of an individual. Out of every 100 live births, four children die in the first month of life. Eighty percent of neonatal mortality results from preventable and treatable conditions, such as premature birth, infections and complications during childbirth.

In Iraq, the legacy of conflict has left an under-resourced and fragile public administration that has contributed to an unprecedented increase of maternal and infant mortality rates. According to the 2012 UNICEF "State of the World's Children Report," Iraq has a neonatal mortality rate of 20, while neighboring Kuwait, Syria, Iran and Jordan have neonatal mortality rates of 6, 9, 11 and 12, respectively.

The main causes of neonatal mortality in Iraq are perinatal respiratory and cardiovascular disorders (54.7%), premature birth (7.8%), neonatal infection (6.4%), and congenital disorders (5.7%).

PHCPI Focuses on Neonatal Awareness and Education

The USAID-funded Primary Health Care Project in Iraq (PHCPI) has been designed to assist the Iraqi Ministry of Health (MoH) to achieve its health-related United Nations Millennium Development Goals (MDGs) 4 & 5 of reducing child mortality rates and improving maternal health. As part of this effort, PHCPI has assisted the MoH in updating its clinical guidelines for Emergency Obstetrics and Newborn Care (EmONC), prenatal care, maternal and child nutrition, and referral of complicated cases.

Approximately 29.5% of births in Iraq take place in a home, with about 12.3% of these home births supervised by Traditional Birth Attendants (TBAs), or midwives. In addition, most Primary Health Care (PHC) clinics (accounting for 5% of births) cannot provide care for sick newborn children due to a lack of equipment, drugs and trained staff. Fortunately, there are simple and affordable options to prevent or manage conditions that cause most neonatal mortality. For example, newborn mortality caused by asphyxia can be prevented by performing simple actions to stimulate breathing.

In partnership with the MoH, USAID/PHCPI has focused on three key
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Rollout training course of EMONC in Dhi-Qar DOH

areas in improving neonatal care:

- **Prenatal Care:** The project has designed and distributed Informational, Education and Communication (IEC) materials for healthcare providers on prenatal and maternal health, including targeted training sessions on the danger signs of pregnancy.
- **Perinatal Care:** PHCPI has included the orientation and training of TBAs as a core component of its strategy for increasing access to care with an emphasis on providing emergency newborn services for complicated births.
- **Neonatal Care:** The project has developed IEC materials (e.g., flip charts and check lists) and other job aids on essential neonatal care, including screening guidelines on phenylketonuria, galactosaemia and hypothyroidism.

Higher Standards and Nationwide Trainings Pave the Way to MDGs 4 & 5

- Health care providers and TBAs from 14 PHCPI-targeted clinics with delivery rooms were trained on postnatal and newborn care guidelines.
- 14 on-the-job trainings covering EmONC were conducted for 138 health care workers in 20 PHCPI-targeted clinics with delivery rooms including newborn resuscitation, NB Sepsis, convulsions, KMC, breastfeeding, jaundice, quality improvement and infection prevention.
- Two refresher courses for EmONC were conducted with priority given to governorates with high child mortality. The first training session was held in Maysan with the participation of 18 TBAs and two doctors from Diwaniyah, Wasit, Dhi-Qar, and Al Muthanna. The second session was in Erbil with the participation of 16 TBAs and six doctors from Diyala, Kirkuk, Erbil, Duhok, and Sulaymaniyah. Courses included AMTSL, PPH, Essential and Emergency Neonate Care, and referral indications.

PHCPI's neonatal focused interventions have led to increased early identification of high-risk mothers and their newborns requiring additional care. Additionally, mothers are now receiving increased coverage of postnatal care leading to the reduction of neonatal morbidity and mortality – a key objective of MDG 4.